

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
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47							97				
48							98				
49							99				
50							100				
Total Indep	←		←		←		Total Indep	←		←	
Total Depend		←		←		←	Total Depend		←		←
Total Claims							Total Claims				